

Maynard Fire Department

Anthony Stowers
Fire Chief

1 Summer Street
Maynard, MA 01754
(978) 897-1015
Fax: (978) 897-3389

Application for Employment Permanent Firefighter/EMT

1. These forms must be typewritten or printed in blue or black ink by the applicant.
2. All questions must be answered, if applicable. If not applicable, indicate n/a.
3. Failure to answer any and all questions truthfully, accurately or completely, shall result in the applicant's disqualification, or, if discovered after an individual is hired, termination of employment.
4. If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5. You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are absolutely accurate.

I have read and understand the above instructions.

Candidate: _____

This application will be held on file for a period of _____ years.

Date Received: _____

1.

To The Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of Massachusetts also prohibit some or all of the above –stated discrimination as well as some additional types, such as discrimination based upon ancestry and marital status.

Questions with an asterisk (*) immediately to the left of the questions are optional. Although the information is useful on our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

1. PERSONAL HISTORY

Name: _____
(First) (Middle) (Last)

Address: _____
(Number and Street)

(City/Town) (State) (Zip Code)

How long have you lived at this address? _____

Phone: _____
(Home) (Work) (Cell)

*Weight (without clothes) _____ Height (without shoes) _____

2.

In chronological order, please state every place you have resided within the past ten years. Include addresses while attending school, if away from home, and all military addresses. (Note: Your present address should be listed on the first line below)

From: _____ To: _____ Landlord's Name _____

[illegible]

3.F.

Are you lawfully eligible for employment in the United States? Yes [☐] No [☐]

If you are under the age of 18 or over the age of 70, please state your age.

_____years

Have you ever used another name? Yes [☐] No [☐] If yes, please explain.

Do you have a relative in our employ? Yes [☐] No [☐] If yes, please give name and relationship:

Do you personally know any firefighters working in this department?

Yes [☐] No [☐] If yes, name and rank (if known)

Do you possess a valid driver's license from the Commonwealth of Massachusetts?

Yes [☐] No [☐]

Was your driver's license in this state, or any state ever suspended or revoked?

Yes [☐] No [☐] If yes, give details.

Have you previously submitted an application for employment with this municipality?
Yes [] No [] If yes, give name and agency and when.

Have you ever worked for this municipality before?
Yes [] No [] If yes, give the name of the agency and when.

II. Education

List the name and address of the following schools you attended and dates of graduation.

School Name and Address	Graduated Yes/No	Number of Years Attended	Degree/Major
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High School

College

Graduate

GED

Courses now studying

5.

Were you ever dismissed from a school or was any disciplinary action, including scholastic probation ever taken against you during your scholastic career?

Yes [] No [] If yes, give school, date and action taken.

School: _____ Date: _____

Action Taken: _____

C.

List awards, honors, citations positions held in school organizations, athletic endeavors, and other special recognition you received while attending school. Also list any special recognition you have received in your community since you left school. (*Exclude those organizations and awards which by their nature, name or character indicate the religion, race or national origin of its members*).

List any special abilities, interests, sports or hobbies along with degrees of proficiency

Indicate your proficiency in any language other than English.

Language	Speak (indicate good, or fluent)	Understand	Read	Write
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Please list any office machines, special equipment or computer systems on which you have experience. Also include your degree of proficiency with each.

Do you have any court judgments pending against you? Yes ☐ No ☐ If yes, give details.

Have you ever been sued or had your wages garnished? Yes ☐ No ☐ If yes, give details.

7.

III. EMPLOYMENT HISTORY

A.

In reverse chronological order, list all employments, (including summer and part time employments while attending school). All time must be accounted for. If unemployed for a period, indicate those dates. (*Use additional sheets of paper and attach if necessary*). Applicants may also include verifiable work performed on a volunteer basis.

Dates From: (Mo/Yr.) To: (Mo/Yr.)	Name & Address Employment	Rate of Pay Start Finish	Supervisor's Name and Title
Reason for Leaving: _____			

Dates From: (Mo/Yr.) To: (Mo/Yr.)	Name & Address Employment	Rate of Pay Start Finish	Supervisor's Name and Title
Reason for Leaving: _____			

Dates From: (Mo/Yr.) To: (Mo/Yr.)	Name & Address Employment	Rate of Pay Start Finish	Supervisor's Name and Title
Reason for Leaving: _____			

Dates From: (Mo/Yr.) To: (Mo/Yr.)	Name & Address Employment	Rate of Pay Start Finish	Supervisor's Name and Title

Reason for Leaving: _____

B.

Have you ever been fired or forced to resign because of misconduct or unsatisfactory employment? Yes ☐ No ☐ If yes, give details.

IV. MILITARY SERVICE

A.

Have you ever served on active duty in the Armed Forces of the United States?
Yes ☐ No ☐ if Yes, what was the highest rank attained?

Branch of Military School

Serial Number

Dates of Active Duty

Type of Discharge

Date of Discharge

Member of Reserve?

Yes ☐ No ☐

Was any type of disciplinary action taken against you in the Military Service?

Yes ☐ No ☐ If yes, explain.

Are you now, or were you formerly in the National Guard?

☐ Present ☐ Former ☐ Never

If you are a member of the National Guard and attend drills, meetings, or camps give the name of the unit and location.

V. REFERENCES

List three (3) references (not relatives, former or present employers, fellow employees or school teachers) on the following page who are responsible adults, have reputable standing in their community and who have know you for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability and experience, personality and other qualities.

1. _____

2. _____

3. _____

10.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which includes a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I or the municipality may sever the employment relationship at any time for any reason. Any oral or written statement to the contrary, including any which are made by a City/Town representative are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night tours for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the Maynard Fire Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person so furnished information, from any and all liability of ever nature and kind arising out of the furnishing or inspection of such documents, records, or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writing by the undersigned.

Date

Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS

_____, SS

I, _____, being duly sworn, depose and state I am the above named person. I signed the foregoing statement. I personally read and printed



by hand answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Signature of Applicant _____

Sworn before me this _____ day of _____, 20____.

Notary Public or Commissioner of Deeds

My Commission Expires: _____

“IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITIES”
11.

CREDIT CHECK AUTHORIZATION

I, _____ residing at _____

_____, Massachusetts authorize the Maynard Fire Chief

Access to my credit report for pre-employment purposes

Date: _____ Signed: _____

CORI REQUEST FORM

MAYLL
CH444
G

Maynard Board of Selectmen is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 & 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or

indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

Applicant/Employee Information (Please Print)

_____		_____	_____
Last Name		First Name	Middle Name
_____		_____	_____
Maiden Name or Alias (If Applicable)		Place of Birth	Date of Birth
_____		_____	_____
Name	Social Security Number	ID Theft Index PIN	Mother's Maiden
	(Requested but not required)		
	Current Address: _____		

	Former Addresses: _____		

	Sex: __ Height: __ ft. __ in. Weight: __ Eye Color: ____ State Drivers License Number: _____		
	THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____		

Requested by: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index Pin Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

Record Attached: _____ No Record: _____